



Cenla Area Agency on Aging, Inc.

TB
G

President

Benjamin L. Sandifer
Catahoula Parish

P. O. Box 13027, Alexandria, LA 71315-3027
1423 Peterman Drive, Alexandria LA 71301
318-484-2260 or 800-454-9573
Fax 318-484-2266

Vice President

Tom McConnell
Winn Parish

December 4, 2020

Secretary

Rachel Breithaupt
LaSalle Parish

Ashley Wimberley
Personal Financial Disclosure Director
Ethics Administration
PO Box 4368
Baton Rouge, LA 70821

Treasurer

Billy Rucker
Concordia Parish

RE: Advisory Opinion

Board Members

Roy Alexander
Winn Parish

Please consider this letter as the formal request from Cenla Area Agency on Aging, Inc. for an Advisory Opinion to review and determine if our Board Members are required to file the Annual Tier 2.1 Personal Disclosure.

Romes Antoine
Avoyelles Parish

As we discussed, our Board members filed in April 2019 per instruction from the Governor's Office of Elderly Affairs (GOEA). Several days later we received another communication from GOEA stating to hold the filing until we received further instructions. The filings had already been mailed by that time.

Larry Chauvin
Concordia Parish

We did not receive further instructions and assumed the matter had been resolved. No further filings were made because we were under the impression our Board as well as other COA/AAA Boards were considered exempt from the requirement.

Oscar Goody
Avoyelles Parish

Alice Hammond
Rapides Parish

Management and our Board Members will be happy to do whatever is required to allow our organization to continue serving the elderly in the 20 parishes we serve.

JoAnn Lamelle
Rapides Parish

If you need additional information, please do not hesitate to contact me.

Frances McDonald
LaSalle Parish

Sincerely,

Billy Nichols, Sr.
Grant Parish

Joyce Thompson
Executive Director

Gary Odom
Catahoula Parish

Edwina Ricks
Grant Parish

Proudly serving Allen, Avoyelles, Catahoula, Caldwell, Concordia, East Carroll, Franklin, Grant, Jackson, LaSalle, Lincoln, Madison, Morehouse, Ouachita, Rapides, Richland, Tensas, Union, West Carroll, and Winn Parishes.



John Bel Edwards
Governor

State of Louisiana
OFFICE OF THE GOVERNOR
Office of Elderly Affairs

April 17, 2019

Council on Aging Directors

Re: Louisiana Board of Ethics personal financial disclosure statements

Dear Directors:

I have spoken with Karen Winfrey, the Director of the Disclosure Division at the Louisiana Board of Ethics. Due to the interpretation of Louisiana statutes, Ethics is currently researching whether every council on aging board member would be required to submit a Tier 2.1 Financial Disclosure Statement.

Until we know otherwise, please instruct your board members **NOT** to complete and submit a disclosure form for Ethics. Either GOEA or Ethics will communicate with them when the determination is made.

Sincerely,

A handwritten signature in cursive script that reads "Amanda H. Smith".

Amanda H. Smith
Attorney



John Bel Edwards
Governor

State of Louisiana
OFFICE OF THE GOVERNOR
Office of Elderly Affairs

April 15, 2019

VIA US MAIL AND EMAIL

Councils on Aging Directors

Re: Louisiana Board of Ethics personal financial disclosure statements

Dear Directors:

According to current Louisiana Board of Ethics financial reporting laws, all Council on Aging board members are required to complete the Tier 2.1 Personal Financial Disclosure Statement, which is attached to this letter. These forms must be submitted to the Board of Ethics by May 15th of each year. Please see that each board member gets a copy of this form and is aware of the requirements.

If you have any questions about the form, the Board of Ethics can be reached at (225) 219-5600.

Sincerely,

A handwritten signature in cursive script that reads "Amanda H. Smith".

Amanda H. Smith
Attorney

CENLA Area Agency on Aging, Inc.

NOV 05 2019

Board of Directors Roster 2019-2020

DATE REVISED/UPDATED: 10/22/19 REASON: X ANNUAL MEETING

I CERTIFY THAT THIS IS AN OFFICIAL ROSTER OF THE BOARD OF DIRECTORS AND OFFICERS OF THE
CENLA Area Agency on Aging, Inc. ELECTED IN ACCORDANCE WITH THE AGENCY'S BYLAWS.

Rachel M. Breithaupt
Board Secretary (Name)

Rachel M. Breithaupt
Signature

10-31-2019
Date

<p>NAME: Alexander Roy (Last) (First) (M.I.)</p> <p>ADDRESS: 311 Cedar Drive</p> <p>CITY: Winnfield</p> <p>ZIP CODE: 71483</p> <p>PHONE #: (318) 628-3643</p> <p>AGE: 60+ (X) Yes</p> <p>OCCUPATION: Retired</p>	<p>FIRST TERM: From 11/1/11 To 10/31/16 (Month/Year) (Month/Year)</p> <p>Subsequent TERM (s): From 10/2019 To 10/2022 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>From _____ To _____ (Month/Year) (Month/Year)</p>
<p>NAME: Breithaupt Rachel (Last) (First) (M.I.)</p> <p>ADDRESS: 1477 Herbert Street</p> <p>CITY: Jena</p> <p>ZIP CODE: 71342</p> <p>PHONE #: (318) 229-6102</p> <p>AGE: 60+ (X) No</p> <p>OCCUPATION: Teacher (retired)</p>	<p>FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: Secretary</p> <p>From 10/19 To 10/20 (Month/Year) (Month/Year)</p>
<p>NAME: Chauvin Larry (Last) (First) (M.I.)</p> <p>ADDRESS: 941 MLK Avenue</p> <p>CITY: Vidalia</p> <p>ZIP CODE: 71373</p> <p>PHONE #: (601) 334-1212</p> <p>AGE: 60+ (X) Yes</p> <p>OCCUPATION: Coordinator – City of Vidalia</p>	<p>FIRST TERM: From 11/1/14 To 10/2017 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>From _____ To _____ (Month/Year) (Month/Year)</p>

<p>NAME: Bordelon Ray (Last) (First) (M.I.)</p> <p>ADDRESS: 1462 Hwy 1187</p> <p>CITY: Mansura</p> <p>ZIP CODE: 71350</p> <p>PHONE #: (318) 597-8829</p> <p>AGE: 60+ (X) Yes</p> <p>OCCUPATION: Fireman</p>	<p>FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)</p> <p>RESIGNED 10/19</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>From _____ To _____ (Month/Year) (Month/Year)</p>
<p>NAME: Ricks Edwina (Last) (First) (M.I.)</p> <p>ADDRESS: 1280 Main Street</p> <p>CITY: Colfax</p> <p>ZIP CODE: 71417</p> <p>PHONE #: (318) 627-5450</p> <p>AGE: 60+ (X) X</p> <p>OCCUPATION: Retired School Principal</p>	<p>FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>From _____ To _____ (Month/Year) (Month)</p>
<p>NAME: Goody Oscar (Last) (First) (M.I.)</p> <p>ADDRESS: P. O. Box 271</p> <p>CITY: Moreauville</p> <p>ZIP CODE: 71355</p> <p>PHONE #: (318) 985-2179</p> <p>AGE: 60+ (X) Yes</p> <p>OCCUPATION: Retired Assistant Principal</p>	<p>FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>From _____ To _____ (Month/Year) (Month/Year)</p>
<p>NAME: Hammond Alice (Last) (First) (M.I.)</p> <p>ADDRESS: P. O. Box 8552</p> <p>CITY: Alexandria</p> <p>ZIP CODE: 71306</p> <p>PHONE #: (318) 443-9599</p> <p>AGE: 60+ (X) Yes</p> <p>OCCUPATION: Retired</p>	<p>FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2018 To 10/2021 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>From _____ To _____ (Month/Year) (Month)</p>

NAME: McConnell Tom
(Last) (First) (M.I.)
ADDRESS: P. O. Box 611
CITY: Winnfield
ZIP CODE: 71483
PHONE #: (318) 727-8212
AGE: 60+ (X) Yes
OCCUPATION: Retired – State Health Dept.

FIRST TERM:

From 11/2010 To 10/2013
(Month/Year) (Month/Year)

SECOND TERM:

From 11/1/13 To 10/31/16
(Month/Year) (Month/Year)

Subsequent TERM:

From 10/2019 To 10/2022
(Month/Year) (Month/Year)

IF OFFICER, OFFICE HELD:

Vice-President

1st Term as VP

From 10/2019 To 10/2020
(Month/Year) (Month/Year)

NAME: McDonald Frances
(Last) (First) (M.I.)
ADDRESS: 1965 W. Bradford Street
CITY: Jena, LA
ZIP CODE: 71342
PHONE #: (318) 992-5985
AGE: 60+ (X) Yes
OCCUPATION: retired

FIRST TERM: filling Brent Farley's unexpired term

From 02/2017 To 10/2018
(Month/Year) (Month/Year)

SECOND TERM:

From 10/2018 To 10/2021
(Month/Year) (Month/Year)

IF OFFICER, OFFICE HELD:

From To
(Month/Year) (Month/Year)

NAME: Nichols Billy
(Last) (First) (M.I.)
ADDRESS: 684 Fletcher Loop
CITY: Montgomery
ZIP CODE: 71454
PHONE #: (318) 646-8982
AGE: 60+ (X) Yes
OCCUPATION: Retired

FIRST TERM:

From 11/1/14 To 10/31/17
(Month/Year) (Month/Year)

SECOND TERM:

From 10/2017 To 10/2020
(Month/Year) (Month/Year)

IF OFFICER, OFFICE HELD:

From To
(Month/Year) (Month/Year)

NAME: Odom Gary
(Last) (First) (M.I.)
ADDRESS: 146 Poole Road
CITY: Jonesville
ZIP CODE: 71343
PHONE #: (318) 403-0771
AGE: 60+ (X) Yes
OCCUPATION: Retired

FIRST TERM:

From 11/1/13 To 10/31/16
(Month/Year) (Month/Year)

Subsequent TERM:

From 10/2019 To 10/2022
(Month/Year) (Month/Year)

IF OFFICER, OFFICE HELD:

From To
(Month/Year) (Month/Year)

<p>NAME: Lamelle Joanne (Last) (First) (M.I.)</p> <p>ADDRESS: 3744 Hwy 457 CITY: Alexandria ZIP CODE: 71302</p> <p>PHONE #: (318) 445-4134 AGE: 60+ (X) Yes OCCUPATION: Retired RN</p>	<p>FIRST TERM: From 11/1/13 To 10/31/16 (Month/Year) (Month/Year)</p> <p>Subsequent TERM: From 10/2019 To 10/2022 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____ From _____ To _____ (Month/Year) (Month/Year)</p>
<p>NAME: Rucker Billy (Last) (First) (M.I.)</p> <p>ADDRESS: PO Box 285 CITY: Ferriday ZIP CODE: 71334</p> <p>PHONE #: (318) 757-8257 hm. (318) 758-6551 cell AGE: 60+ (X) Yes OCCUPATION: Retired Hosp. Adm., Planning Commission for new hospital</p>	<p>FIRST TERM: From 10/2018 To 10/2021 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From _____ To _____ (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____ Treasurer 1st Term as Treasurer From 10/2019 To 10/2020 (Month/Year) (Month/Year)</p>
<p>NAME: Sandifer Benjamin Ledale (Last) (First) (M.I.)</p> <p>ADDRESS: 1001 Oak St. CITY: Jonesville ZIP CODE: 71343</p> <p>PHONE #: (318) 481-6040 AGE: 60+ (X) Yes OCCUPATION: Retired Educator</p>	<p>FIRST TERM: From 11/1/15 To 10/31/18 (Month/Year) (Month/Year)</p> <p>SECOND TERM: From 10/2018 To 10/2021 (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____ President 1st Term as President From 10/2019 To 10/2020 (Month/Year) (Month/Year)</p>
<p>NAME: _____ (Last) (First) (M.I.)</p> <p>ADDRESS: _____ CITY: _____ ZIP CODE: _____</p> <p>PHONE #: _____ AGE: 60+ () _____ OCCUPATION: _____</p>	<p>FIRST TERM: From _____ To _____ (Month/Year) (Month/Year)</p> <p>SECOND TERM: From _____ To _____ (Month/Year) (Month/Year)</p> <p>IF OFFICER, OFFICE HELD: _____ From _____ To _____ (Month/Year) (Month/Year)</p>

Charlene Osborne
Program Monitor
Governor's Office of Elderly Affairs
PO Box 61
Baton Rouge, LA 70821-0061

Ashley Wimberley

From: Joyce Thompson <joycethompson@cenlaaging.org>
Sent: Friday, December 4, 2020 1:06 PM
To: Ashley Wimberley
Subject: Advisory Opinion
Attachments: Cenla AAA Request for Advisory Opinion.pdf; Signed Oct. 2019 Board Roster.pdf

EXTERNAL EMAIL: Please do not click on links or attachments unless you know the content is safe.

Ashley—

Per our conversation, I have attached the letter requesting an Advisory Opinion and the Board Roster for 2019.

Thank you for your assistance.

Have a nice weekend!

Joyce Thompson

Executive Director
Cenla Area Agency on Aging
P.O. Box 13027
Alexandria, LA 71315
(318) 484-2260; (800) 454-9573
Fax: (318) 484-2266